



Professional Judgment

2024-25

Student's Name: _____
Last First MI

Date of Birth: ____/____/____ **Student ID:** _____ **Phone:** ____-____
Month Day Year

This form is used to request a change in your income or benefits reported on your 2024-25 Free Application for Federal Student Aid (FAFSA) or an adjustment to your cost of attendance. You must complete your 2024-25 FAFSA and **submit all required documents before a decision can be made**. Submission of a request does not guarantee approval or receipt of additional aid.

Loss of Income or Benefits

If your family experienced a loss of income or benefits that occurred on or after 01/01/2023, your financial aid eligibility may be recalculated.

All Documentation that is Applicable to the Loss of Income and/or Benefit(s) Must Be Provided:

A typed statement that explains your circumstances in detail. Must be signed by hand and dated

2022 & 2023 Tax Return Transcript(s) or signed copy of the tax return(s) and schedule(s) submitted to the IRS

for student 2022 & 2023 Wage and Income Transcript(s) or copy of W-2(s) for student

2022 & 2023 Tax Return Transcript(s) or signed copy of the tax return(s) and schedule(s) submitted to the IRS for parent(s) if applicable

2022 & 2023 Wage and Income Transcript(s) or copy of W-2(s) for parent(s) if applicable

2024-25 Additional Financial Information Form

Termination notice(s) from employer(s) or letter(s) of resignation

Reemployment statement(s) showing monthly benefits or denial thereof

Upon review, additional documentation may be requested

Signature

A Financial Aid representative will review this request. The decision is final and cannot be appealed.

By signing below, the student acknowledges and confirms that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Name: _____ **Signature:** _____ **Date:** _____

Student's Name: _____, _____ Student ID: _____

Financial Aid Office Use Only

I recommend the request be:

☐ Approved ☐ Denied

The reasoning for this decision based on the guidelines and regulations from the Department of Education is as follows:

Representative's Printed Name: _____

Representative's Title: _____

Representative's Signature: _____ Date: _____

FINAL REVIEW:

Signature: _____ Date: _____

Title: _____

☐ Approved ☐ Denied